

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE														
						APPLICANT(S)															
CLAIMS																					
	A3 FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND		DEP			IND		DEP			IND		DEP	
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP		IND	DEP	IND	DEP		IND	DEP		
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
11																					
12																					
13																					
14																					
15																					
16																					
17																					
18																					
19																					
20																					
21																					
22																					
23																					
24																					
25																					
26																					
27																					
28																					
29																					
30																					
31																					
32																					
33																					
34																					
35																					
36																					
37																					
38																					
39																					
40																					
41																					
42																					
43																					
44																					
45																					
46																					
47																					
48																					
49																					
50																					
51																					
52																					
53																					
54																					
55																					
56																					
57																					
58																					
59																					
60																					
61																					
62																					
63																					
64																					
65																					
66																					
67																					
68																					
69																					
70																					
71																					
72																					
73																					
74																					
75																					
76																					
77																					
78																					
79																					
80																					
81																					
82																					
83																					
84																					
85																					
86																					
87																					
88																					
89																					
90																					
91																					
92																					
93																					
94																					
95																					
96																					
97																					
98																					
99																					
100																					
TOTAL IND																					
TOTAL DEP																					
TOTAL CLAIMS																					